

Family Trusts - New Trust Application

Trust Details

Name of Family Trust _____

Contact Person Name(s) _____

ABN Registration Yes No Unsure Type of Business _____

GST Registration Yes No Unsure

PAYG Registration Yes No Unsure

Workcover Yes No Unsure

Est Annual Financials: Turnover _____ Wages _____

Contact Details: Email _____

Phone: Mobile _____ Home () _____ Work () _____

Trustee Details Corporate Trustee

Company Name _____

Registered Address _____

ACN _____

Trustee / Director Details

1) Mr/Mrs/Miss/Ms/Dr/Other _____

Given Names _____ Surname _____

Street Address _____

Date of Birth ____ / ____ / ____ Place of Birth _____

Tax File No _____ Occupation _____

2) Mr/Mrs/Miss/Ms/Dr/Other

Given Names _____ Surname _____

Street Address _____

Date of Birth ____ / ____ / ____ Place of Birth _____

Tax File No _____ Occupation _____

3) Mr/Mrs/Miss/Ms/Dr/Other

Given Names _____ Surname _____

Street Address _____

Date of Birth ____ / ____ / ____ Place of Birth _____

Tax File No _____ Occupation _____

4) Mr/Mrs/Miss/Ms/Dr/Other

Given Names _____ Surname _____

Street Address _____

Date of Birth ____ / ____ / ____ Place of Birth _____

Tax File No _____ Occupation _____

Administration and Compliance Services

(Complete this section only if you wish to use XO Accounting as your Trust's accountant and tax agent.)

We hereby agree to appoint XO Accounting as our Trusts Accountant and Tax Agent. (Please note a fee and service proposal will be prepared for all clients to sign)

(1) Signature _____ (2) Signature _____

(3) Signature _____ (4) Signature _____


Declaration for all new family trust applicants

- I/we hereby declare that the above information is true and correct.
- I/we acknowledge that XO Accounting will register the Corporate Trustee (if applicable) and Trust with the Australian Taxation Office for the purpose of acquiring an Australian Business Number and Tax File Number.
- I/we have read and agree with the terms and conditions of the XO Accounting website and its privacy statement.

(1) Signature _____ (2) Signature _____

(3) Signature _____ (4) Signature _____

Please forward the completed form on to XO Accounting using the following options:

 **Email** Scan and email this form to info@xoaccounting.com.au

 **Post** Post to **XO Accounting PO Box 199 Werribee Vic 3030**